1	Substitute PLICATION AS FILED	107 T OHIT P TO-875	ATION RECORD		Applica / C	ation of Dock	Number 9
	(Column 1)	(Column 2)	SMALL EN	עדודע.	OR	ОТН	ER THAN
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA			OK ,	SMAI	LL ENTITY
(37 CFR 1.16(8), (b), or (c))		TO EXTRA	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE			7		- 1		
(37 CFR 1.16(0), (p), or (g))			<del>-</del>		- 1		
TOTAL CLAIMS (37 CFR 1.16(I))			_				<del> </del>
INDEPENDENT CLAULE	minus 20 =	•	x =		ŀ		<del></del>
(37 CFR 1.16(h))	mlnus 3 =		7		OR _	× =	
APPLICATION SIZE	If the specification and sheets of paper, the ap-	drawings exceed 100	X =	_		x =	
FEE 37 CFR 1.16(s))	sheets of paper, the applies \$250 (\$125 for small additional 50 shoots	plication size fee due			F		<del> </del>
37 CFR 1.16(s))	additional 50 shoots	entity) for each		1	- 1		1
			11 1	- 1			}
OUTTIPLE DEPENDENT C	LAIM PRESENT (37 CFR 1.1	6(i))	<b></b>		L		1
If the difference in column	1 1-1	-0//	J []	- 1			
TE W. COMMIN	1 is less than zero, enter "0" i	in column 2.	TOTAL		<u> </u>		<b></b>
APPLICAT	ION AS AMENDED - I	2Λ <b>Ω</b> Τ	.0172			TOTAL	
		-WKT II	\				
	umn 1) (Col	umn 2) · (Column 3)	<b></b>	_	_	07::	
REM	AIMS HIGH	HEST	SMALL ENTIT	Υ	R	OTHER SMALL E	THAN
16 6/() AF	TER PREVI	MBER PRESENT OUSLY EXTRA	RATE (\$) AC	DDI:		7	
Total . (37 CFR 1,16(4))	Minus	FOR	TIO	NAL	'	RATE (\$)	ADDI- TIONAL
Independent	2	0	x 25=	(\$)			FEE (\$)
(37 CFR 1 16(h))	Minus	= /		OR	х	20=	
Application Size Fee (37			x 100 =	OR	x (	= 606	الى: ومرح
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM				1	200 =  2	80.00
	TO DE CHOENT CLAIM	(37 CFR 1.16(j))					
			TOTAL	OR	<u></u>		
(Colum	n 1) (0.1		ADD'L FEE	OR	TOT.	AL 'L FEE	
CLAI	AS (Colum	nn 2) (Column 3)	F				
REMAIN AFTE	R NUMBE	R PRESENT	RATE (\$) ADD				
Total .	R PREVIOL PAID FO	ISLY   EXTRA	TIONA		RA.	TE (\$)	ADDI-
37 CFR 1.16(r))	Minus	=	FEE (	<u> </u>			TIONAL
ndependent 37 CFR 1.16(h))	Minus ···		X =	00	<u> </u>		FEE (\$)
pplication Size Fee (37 CF	R 1 16(a))	=	x =	OR	×		
IRST PRESENTATIONS	1.10(\$))			OR	x	=	
TOUR ATTOM OF MU	LTIPLE DEPENDENT CLAIM (	37 CFR 1.16(j))		-			
				OR			
the entry in column 4			TOTAL ADD'L FEE	7	TOTAL		
he Highest Number Provide	s than the entry in column 2. Ously Paid For" IN THIS SPA Ously Paid For" IN THIS SPA	Write "O" in ant		OR	ADD'L I		1

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS